

**ATHLETIC EMERGENCY CARD**

61850-056

Grade \_\_\_\_\_ Sport \_\_\_\_\_

☐ Fall ☐ Winter ☐ SpringM ☐ F ☐

Last Name	First	Middle Initial	Home Phone	DOB
Address			City	Zip Code
Mother's Name		Day Phone	Night Phone	Cell/Pager
Father's Name		Day Phone	Night Phone	Cell/Pager

If a student's parents cannot be contacted, please notify:

(1) Name	Phone	Pager/Cell	(2) Name	Phone	Pager/Cell
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**INSURANCE INFORMATION**

Name of Insurance Carrier	Policy #	Group #	Primary Person Insured
<input type="checkbox"/> Allergies	<input type="checkbox"/> Allergies: Life Threatening _____	Other _____	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epi Pen	<input type="checkbox"/> Medications: Current _____	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Last DT/DPT Immunization ____ (mo) ____ (yr)	

**Please read and sign the AUTHORIZATION STATEMENT on the reverse side of this emergency card.**

My signature indicates that I have read and understand the authorization statement on the back of this card. I agree to the statement as written.

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

This statement releases the Cherry Creek Schools of financial responsibility in case of accident/injury to my son/daughter while he/she is participating in interscholastic activities.

I fully understand the Cherry Creek Schools do not provide accident or health insurance coverage for my son/daughter while he/she is participating in interscholastic activities. However, accident insurance is made available by the School District through an authorized agent. I further understand that it is my responsibility to provide health/accident insurance coverage for my son/daughter.

**AUTHORIZATION STATEMENT** - I do hereby authorize officials of the Cherry Creek School District to contact directly the persons named on this card in an emergency for the health of said child. In the event that parents/guardians or other persons named on this card cannot be reached, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of aforesaid child. If there is a medical emergency and the school is unable to reach me, I understand that 911 Emergency will be called and my child will be transported by ambulance to the designated medical facility or the nearest medical facility and given medical treatment by a qualified physician at my expense.